

NJ-1080C
2005

STATE OF NEW JERSEY
INCOME TAX - NONRESIDENT
COMPOSITE RETURN

For Tax Year January 1 - December 31, 2005

ID Number	Legal Name		
Number of individuals participating in this return	Trade Name (if different from legal name)		
	Address (number and street)		
	City	State	Zip Code

Check if: 1. ☐ Professional Athletic Team 2. ☐ Partnership 3. ☐ New Jersey Electing S Corporation
4. ☐ Limited Liability Company 5. ☐ Limited Liability Partnership 6. ☐ Estate or Trust

7. GUBERNATORIAL ELECTIONS FUND



Do you wish to designate \$1 of your taxes for this fund?

<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
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Note: If you check the "YES" box it will not increase the tax or reduce the refund.

INCOME INFORMATION	Column A		Column B	
8. Wages, salaries, tips, and other employee compensation	8		8	
9. Taxable interest	9		9	
10. Dividends	10		10	
11. Net gain or income from disposition of property	11		11	
12. Distributive share of Partnership income	12		12	
13. Net Pro Rata Share of S Corporation	13		13	
14. Net gains or income from rents, royalties, patents & copyrights	14		14	
15. Net gains or income derived through Estates or trusts	15		15	
16. Other - state nature and source	16		16	
17. Total New Jersey Taxable Income (Add Lines 8 through 16)	17		17	
18. Tax (Multiply Line 17, Col. A by 6.37%, Line 17, Col. B by 8.97%)	18		18	
19. Total Tax (Add Line 18, Col. A and Line 18, Col. B)	19		19	
20. Total New Jersey Tax Withheld	20		Check <input type="checkbox"/> if Form NJ-2210 is attached	
21. Estimated Payments / Credit from 2004 Composite return	21			
22. Tax Paid on Partners Behalf by Partnership	22			
23. Total Payments / Credits (Add Line 20 through 22)	23		23	
24. If payments are LESS THAN tax - enter Amount Due	24		24	
25. If payments are MORE THAN tax - enter OVERPAYMENT	25		25	
26. REFUND (Amount of Line 25 to be refunded)	26		26	
27. CREDIT to 2006 Tax	27			

Signature (See instructions)	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. Declaration of preparer is based on all information of which preparer has any knowledge.	
	Paid Preparer's Signature	Date <input type="checkbox"/> Check if Self-Employed
Title	Firm's Name (or yours if self-employed)	Preparer's SS #
Date	Preparer's Address	Preparer's Federal EIN #

See instructions on page 7 for the diskette requirements.

Legal name as shown on Form NJ-1080-C						ID Number
List all participants, including principal address. Add additional sheets as necessary.						
Social Security Number or EIN			Name			
Taxable Income			Address			
NJ Income Tax			City	State	Zip Code	
Social Security Number or EIN			Name			
Taxable Income			Address			
NJ Income Tax			City	State	Zip Code	
Social Security Number or EIN			Name			
Taxable Income			Address			
NJ Income Tax			City	State	Zip Code	
Social Security Number or EIN			Name			
Taxable Income			Address			
NJ Income Tax			City	State	Zip Code	
Total Taxable Income This Page						
_____ Additional Pages Attached						
Total Taxable Income All Pages (Carry to Line 17, Column A)						
Total NJ Income Tax This Page						
_____ Additional Pages Attached						
Total NJ Income Tax All Pages (Carry to Line 18, Column A)						

SCHEDULE B - PARTICIPANT DIRECTORY - Total Income Greater Than or Equal to \$250,000

See instructions on page 7 for the diskette requirements.

Legal name as shown on Form NJ-1080-C			ID Number		
List all participants, including principal address. Add additional sheets as necessary.					
Social Security Number or EIN			Name		
Taxable Income			Address		
NJ Income Tax			City State Zip Code		
Social Security Number or EIN			Name		
Taxable Income			Address		
NJ Income Tax			City State Zip Code		
Social Security Number or EIN			Name		
Taxable Income			Address		
NJ Income Tax			City State Zip Code		
Social Security Number or EIN			Name		
Taxable Income			Address		
NJ Income Tax			City State Zip Code		
Social Security Number or EIN			Name		
Taxable Income			Address		
NJ Income Tax			City State Zip Code		
Social Security Number or EIN			Name		
Taxable Income			Address		
NJ Income Tax			City State Zip Code		
Social Security Number or EIN			Name		
Taxable Income			Address		
NJ Income Tax			City State Zip Code		
Total Taxable Income This Page					
_____ Additional Pages Attached					
Total Taxable Income All Pages (Carry to Line 17, Column B)					
Total NJ Income Tax This Page					
_____ Additional Pages Attached					
Total NJ Income Tax All Pages (Carry to Line 18, Column B)					

SCHEDULE C - NONPARTICIPANT DIRECTORY

See instructions on page 7 for the diskette requirements.

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